

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-030028

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

461

FILED AUG 20 1962

1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Columbia

Length of stay in 1b

today

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

University of Mo. Medical Center

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

Lafayette

c. CITY OR TOWN

Higginsville

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)
West 22nd St.

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First

LESTER

Middle

Last

KEYTON

4. DATE OF DEATH

Month

Day

Year

August

14

1962

5. SEX

Male

6. COLOR OR RACE

Cauc.

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-19-95

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Coal Miner Laborer

10b. KIND OF BUSINESS OR INDUSTRY

COAL MINING

11. BIRTHPLACE (City and state or country)

UNKNOWN

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

UNKNOWN

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

HOSPITAL RECORDS

18. CAUSE OF DEATH (Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac Arrest

INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

UNKNOWN

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from NOT AT ALL to NOT AT ALL and last saw him alive on NOT AT ALL
Death occurred at 8:20 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Married Parker M.D.

22b. ADDRESS

University Medical Center

22c. DATE SIGNED

8/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

8-14-62

23c. NAME OF CEMETERY OR CREMATORY

CITY CEMETERY

23d. LOCATION (City, town, or county)

Higginsville, Missouri

24. FUNERAL DIRECTOR

ADDRESS

COLUMBIA

25. DATE RECD. BY LOCAL REG.

AUG 14, 1962

26. REGISTRAR'S SIGNATURE

Mrs. R.E. Palmer

PARKERS FUNERAL SERVICE

MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

6109
20541

3

4 0

5 0

6

7 9

8 2

94200

10

11

122-0

133-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald T. Roberts

Licensed Embalmer No. 4722

P. O. Address Columbia MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.